



2008-2009 Indiana Opioid Addiction Treatment Program Report

Indiana Family and Social Services Administration
Division of Mental Health and Addiction

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Executive Summary

IC 12-23-18 requires the Division of Mental Health and Addiction to prepare and submit reports providing information on treatment offered by Indiana opioid treatment programs¹ (OTPs). The 2008 session of the Indiana General Assembly resulted in amendments to IC12-23-18 which modified the reporting schedule to once every two years, added the Indiana State Department of Health to the list of report recipients², and made minor modifications to the information requested. This 2008-2009 report is the first biennial report.

Per IC 12-23-18-5.7, this report provides information on the following:

- The number of opioid treatment programs in Indiana
- The number of patients receiving opioid treatment in Indiana
- The length of time each patient received opioid treatment and the average length of time all patients received opioid treatment
- The cost of each patient's opioid treatment and the average cost of opioid treatment
- The number of patients who were determined to be no longer in need of services and are no longer receiving opioid treatment
- The number of individuals, by geographic area, who are on the waiting list to receive opioid treatment
- The patient information reported to the central registry established under IC 12-18-23-5.6
- Other information that the division determines to be relevant to the success of a quality opioid treatment program
- The number of patients who tested positive under a test for a controlled substance or an illegal drug not allowed under IC 12-23-18-2.5(b)

The central registry referred to in IC 12-18-23-5.6 is the source of the data, reported by calendar year.

I. Number of Opioid Treatment Programs in Indiana, 2008 and 2009

In Calendar Years (CY) 2008 and 2009, 13 and 14 opioid treatment programs (OTPs), respectively, provided services in ten counties, Lake, Porter, St. Joseph, Allen, Grant, Marion, Wayne, Vanderburgh, Clark, and Dearborn. IC 12-23-18-5.5, effective July 1, 2008, prohibits establishment of new OTPs in Indiana for an indefinite period. During 2008 and 2009, three Indiana OTPs were operated by not-for-profit community mental health centers, and the remaining OTPs were operated by private, for-profit companies. Five of the OTPs operated by for-profit companies were operated by one organization, CRC Health Group. Because addiction treatment services programs operated by the federal government are exempt from State requirements, data and other information from the Veterans Administration (VA) opioid addiction treatment program located in Indianapolis are not included in this report.

II. Number of Patients Receiving Opioid Treatment in Indiana, 2008 and 2009

Indiana OTP patient enrollments increased by ten percent between CY 2007 and 2008, from 11,724 patients³ to 12,898 patients, and increased by 4.6% (587 patients) in 2009, to 13,485 patients. Although the total number treated in 2009 is the largest number treated in Indiana OTPs in a calendar year since the baseline year of 1998⁴, it represents the lowest percentage increase from one year to the next during this 12-year period.

¹ The term opioid treatment program, or OTP, replaces the terms methadone program and methadone provider, used in reports prior to 2007.

² In addition to the Legislative Council and the Governor.

³ Patient enrollments equal number of patients treated during the calendar year. Enrollments are calculated annually for the previous calendar year on December 31, and patients may have been in treatment for anywhere between one and 365 days during the year. Enrollments do not include out-of-state patients provided transient services at Indiana OTPs (called guests), which numbered 125 in 2008 and 123 in 2009.

⁴ The first Indiana Opioid Treatment Program Report pertained to 1998 OTP activity.

It can still be said that between 1998 and 2009, enrollments in Indiana OTPs have more than tripled, from 3,646 to 13,485.

III. Demographics of Patients Treated, 2008 and 2009

In 2008 and 2009, patients continued to be predominantly male, 60.4% in 2008 and 59.0% in 2009. The ratio between male and female OTP patients has remained fairly consistent since 1998, although the difference is narrowing. Over the past 12 years, the 35-49 year-old age group has declined as a percentage of the total while the 18-34 year-old age group has increased. During this same period, there has been more than a two-fold increase in percentage of patients aged 18-24, although the rate of increase remained fairly constant between 2007 and 2009.

The percentage of white Indiana OTP patients compared to other racial/ethnic groups remained fairly constant between 2007 and 2009 at around 95%. Conversely, the percentage of African-American patients enrolled in Indiana OTPs decreased once again between 2007 and 2008, from 3.6% to 3.2%, marginally increasing in 2009 to 3.23%. The percentage of individuals identifying themselves as Hispanic/Latino has remained consistently small and has fluctuated only slightly between 1998 and 2009, at 1.8% in 1999, 1% in 2008, and 1.2% in 2009. Enrollments of all individuals identifying themselves as American Indian/Alaska Native, Asian/Pacific Islander, or other race/ethnicity have remained under a half of one percent, 1998-2009⁵. Out-of-state patients accounted for 41.7% of total patients in 2008 and 38.6% in 2009, continuing the decreasing trend since 2004, when out-of-state patients accounted for forty-nine percent of total Indiana OTP patients.

IV. Length of Opioid Treatment, including Average Length of Treatment, 2008 and 2009

Because it is not known how long a patient will remain in treatment until he/she is discharged, data were analyzed separately for patients who remained in treatment during and through the last day of both CY2008 and 2009 and patients who left treatment during 2008 and 2009. Of patients who remained in treatment through 2008:

- 39.5% had been in treatment less than a year
- 19.6% had been in treatment 1-2 years
- 27.2% had been in treatment 2-6 years
- 13.6% had been in treatment more than 6 years

Of patients who remained in treatment through 2009:

- 40.8% had been in treatment less than a year
- 18.6% had been in treatment 1-2 years
- 26.9% had been in treatment 2-6 years
- 13.6% had been in treatment more than 6 years

Of patients who were discharged in 2008:

- 61.5% had been in treatment less than one year
- 16.2% had been in treatment 1-2 years
- 16.8% had been in treatment 2-6 years
- 5.5% had been in treatment more than 6 years

Of patients who were discharged in 2009:

- 60.7% had been in treatment less than 1 year
- 16.2% had been in treatment 1-2 years
- 15.5% had been in treatment 2-6 years

⁵ The racial/ethnic categories are based on federal designations.

- 5.7% had been in treatment more than 6 years

To arrive at an estimate of the average length of treatment, analysis was limited to those patients treated during 2008 and/or 2009 and who left treatment during this period. Combining 2008 and 2009, 78.3% of patients treated and subsequently discharged were in treatment for less than two years, and 62.1% were in treatment less than one year.

V. The Cost of Opioid Treatment in Indiana, including Average Cost, 2008 and 2009

In 2008, the cost per patient for a full year's OTP treatment was \$3,467 for liquid methadone at a not-for-profit OTP; \$4,732 for liquid methadone at a private for-profit CRC Health OTP; \$3,900 for liquid methadone at other private for-profit OTPs; \$4,829 for diskette medication at any OTP; and \$6,640 for treatment with buprenorphine at any OTP. In 2009, the cost per patient for a full year's OTP treatment was \$3,553 for liquid methadone at a not-for-profit OTP; \$4,732 for liquid methadone at a private for-profit CRC Health OTP; \$3,857 for liquid methadone at other private for-profit OTPs; \$4,560 for diskette medication at any OTP; and \$6,217 for treatment with buprenorphine at any OTP.

VI. Number of Patients Determined to No Longer Need Opioid Treatment and Who Are No Longer Receiving Treatment, 2008 and 2009

In this report, patients determined to no longer need opioid treatment are defined as patients who have completed treatment and gone through a reduction in treatment medication culminating in its elimination. In addition to elimination of medication, completion of treatment involves achievement of individualized treatment plan goals. Although in 2008 and 2009, the percentages of patients completing treatment and no longer receiving opioid treatment medication are small (2.2% of all patients enrolled in 2008 and 1.9% in 2009), discontinuation of treatment is not a goal for all patients at any particular point in treatment.

VII. Recovery of Patients Receiving Opioid Treatment, 2008 and 2009

DMHA, with its strong emphasis on recovery, is measuring OTP patients' progress toward recovery using nine recovery indicators. Recovery indicators 1-6 are risky behaviors in need of discontinuation, and indicators 7-9 are healthy behaviors in need of improvement. Since all indicators do not apply to all patients, some patients are not evaluated on some indicators. Since the data do not distinguish between patients who successfully completed the program, those still in treatment, and patients who dropped out or were discharged for impermissible behavior, the outcome data are imprecise as a reflection of the recovery of patients who benefit from treatment.

Based only on those patients to whom each indicator applies, improvements were seen in all nine indicators. For example, in 2008, 79.1% of patients showed improvement in family relationships, 76.9% reduced or eliminated heroin use, and 75.6% reduced or eliminated risky behaviors related to the spread of infectious disease. In 2009, 74.4% of patients reduced or eliminated heroin use, 74.3% improved family relationships, and 74% reduced or eliminated risky behaviors related to the spread of infectious disease.

VIII. Number of Patients Testing Positive for Illicit or Controlled Substances, 2008 and 2009

Upon enactment of IC 12-23-18-2.5 in July, 2008, DMHA began collection of data from the OTPs representing the number of patients who tested positive for a controlled substance or illegal drug not allowed under Indiana code. Between July 1 and December 31, 2008, 372 Indiana OTP patients (2.9% of patients enrolled) tested positive, and during 2009, 659 patients (4.9% of patients enrolled) tested positive. During the course of their treatment, patients testing positive are subjected to consequences including restrictions of unsupervised medication and ultimately discharge from the program for noncompliance.

IX. Number of Individuals on Waiting List to Receive Treatment

Throughout the 12 years of OTP reporting, including both 2008 and 2009, none of the Indiana opioid treatment programs reported to DMHA that they utilized a waiting list. During 2008 and 2009, OTPs

continued to adjust staff and programming if increased patient demand occurred. Between 2007 and 2009, a 15% increase was seen in total patient enrollments, and this increase was accommodated.

X. Indiana Central Opioid Patient Electronic Registry (ICOPE)

In 1999, the Indiana State Legislature enacted a statute requiring DMHA to prepare annual reports for the Governor and the Legislative Council providing information on treatment by Indiana OTPs. The same law required DMHA to establish a central registry which would be used to collect information on Indiana OTPs and de-identified information on the patients served in Indiana OTPs. In addition to collecting information on OTPs and the patients they serve, the central registry also would establish an improved ability to prevent patients from being enrolled in more than one OTP simultaneously. This report is based solely on data obtained through the ICOPE.

2008-2009 Indiana Opioid Treatment Program Report

I. Number of Opioid Treatment Programs in Indiana, 2008 and 2009

During 2008, there were 13 opioid treatment programs (OTPs) operating in the State of Indiana and during 2009, there were 14. OTPs provide treatment of opiate addiction utilizing the medications methadone and buprenorphine to individuals who have been addicted to opioid drugs for more than one year. Opiate drugs include the illegal drug heroin and prescription pain medications such as those containing oxycodone and hydromorphone. In addition to medications, OTPs provide education, counseling and referral services to individuals in recovery from opiate addiction. Informal OTP surveys found an increase of enrolling patients reporting addiction to prescription opiates between 2007 and 2009, from 21% in 2007 to nearly 56% in 2008 and 55% in 2009.

OTPs are highly regulated, and to operate in 2008 and 2009, OTPs were required to obtain certification under 42 CFR Part 8 from the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) Division of Pharmacological Therapies (DPT) and under 440 IAC 4-4 from the Indiana Family and Social Services Administration Division of Mental Health and Addiction (DMHA). The programs were also required to obtain accreditation from a behavioral health accrediting body approved by both CSAT and DMHA⁶; registration to utilize controlled substances from the U.S. Department of Justice Drug Enforcement Administration; and a license to dispense controlled substances from the Indiana Professional Licensing Agency Controlled Substances Advisory Committee.

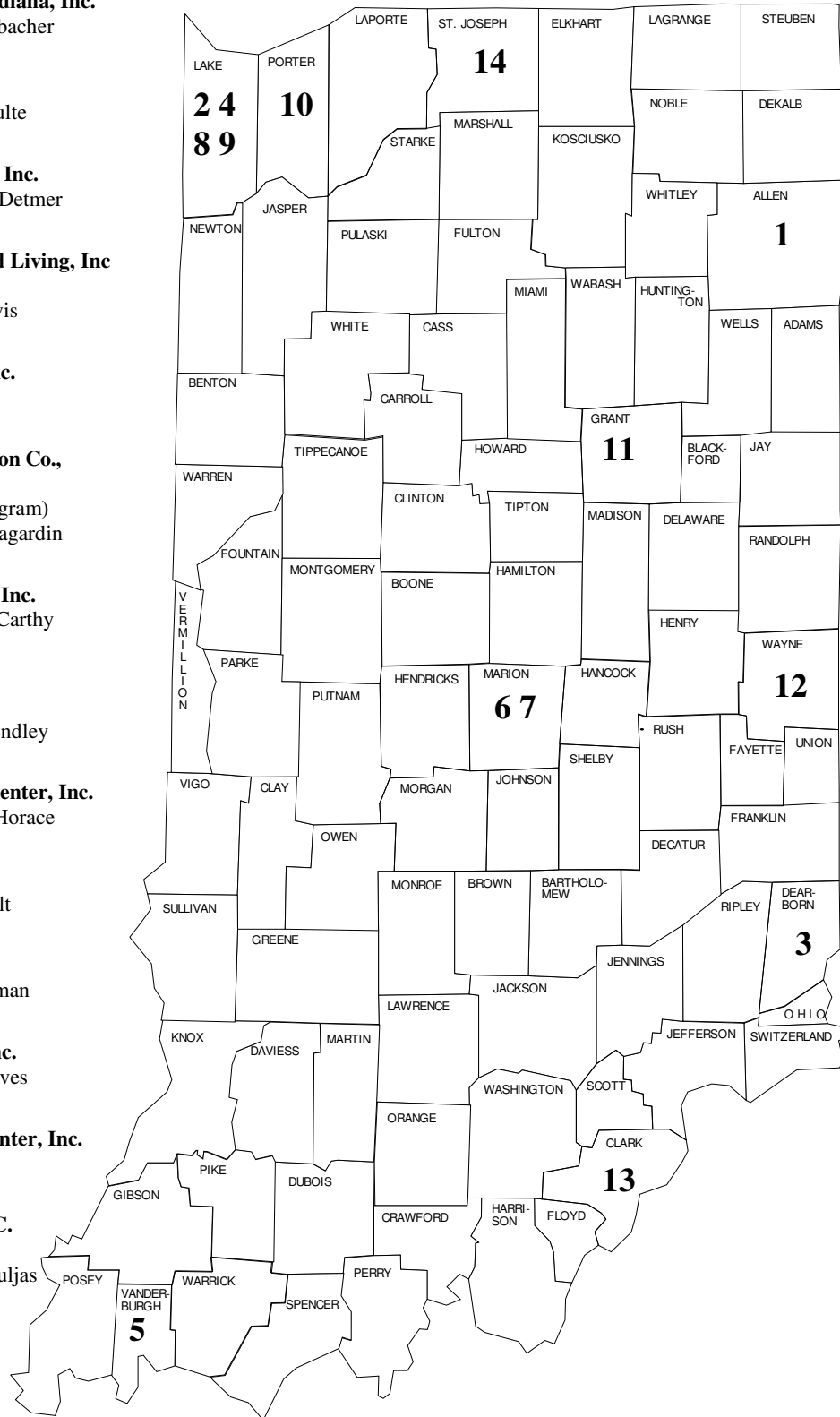
In 2007, two new OTPs were approved for operation, one in Marion (Grant County) and the other in Valparaiso (Porter County). The Grant County program, Premier Care Marion, began enrolling patients in June of 2007, and the Porter County program, Porter-Starke Services Recovery Center, began enrolling patients in February, 2008. No new Indiana OTPs were approved in 2008 or 2009, following a 2007 statutory provision which prohibited establishment of new OTPs for an indefinite period. Three of 14 OTPs operating in Indiana during 2008 and 2009 were public, not-for-profit programs: New Life Center operated by Edgewater Systems for Balanced Living, Inc., Gary; Midtown Narcotic Treatment Program, operated by the Health and Hospital Corporation of Marion County, doing business as (dba) Midtown Community Mental Health Center, Indianapolis; and the Recovery Center, operated by Porter-Starke Services, Valparaiso.

The other 11 Indiana OTPs operating during 2008 and 2009 were owned by private, for-profit companies. Five OTPs were owned by CRC Health Group of Cupertino, California: East Indiana Treatment Center, Inc., Lawrenceburg; Evansville Treatment Center, Inc., Evansville; Indianapolis Treatment Center, Inc., Indianapolis; Richmond Treatment Center, Inc., Richmond; and Southern Indiana Treatment Center, Inc., Charlestown. Six other private, for-profit OTPs operated in Indiana in 2008 and 2009, including Premier Care of Indiana, Marion; the Center for Behavioral Health Indiana, Inc., Fort Wayne; Discovery House, Inc., dba Discovery House Lake County, Gary; Metro Treatment of Gary, dba Semoran Treatment Center, Gary; Victory Clinical II Services, LLC, dba Victory Clinic, South Bend; and Northwest Indiana Treatment Center, Gary. Holliday Health Care, Gary, closed its doors in 2007, and ownership was transferred to Northwest Indiana Treatment Center, which initiated services in July, 2009. The Richard L. Roudebush Medical Center, a federal Veterans Administration (VA) facility in Indianapolis, is exempt from state oversight by 42 CFR Part 8, and no information from this program is included in this report. The map below indicates the locations of Indiana opioid addiction treatment programs in 2008 and 2009.

⁶ Indiana OTPs are accredited by either the Joint Commission or CARF, the Commission on Accreditation of Rehabilitation Facilities.

LOCATIONS OF INDIANA OPIOID TREATMENT PROGRAMS. 2008 and 2009⁷

1. **Center for Behavioral Health Indiana, Inc.**
Program Director: Ms. Terri Steinbacher
Phone: 260-420-6010
2. **Discovery House, Inc.**
Program Director: Ms. Robin Schulte
Phone: 219-985-8144
3. **East Indiana Treatment Center, Inc.**
Program Director: Ms. Mary Ann Detmer
Phone: 812-537-1668
4. **Edgewater Systems for Balanced Living, Inc**
(New Life Treatment Center)
Program Director: Ms. Myrtle Davis
Phone: 219-885-4264, Ext. 4215
5. **Evansville Treatment Center, Inc.**
Program Director: Mr. Jim Ward
Phone: 812-424-0223
6. **Health & Hospital Corp. of Marion Co.,**
d/b/a Midtown CMHC
(Midtown Narcotic Treatment Program)
Program Director: Ms. Sharon Teagardin
Phone: 317-287-3734
7. **Indianapolis Treatment Center, Inc.**
Program Director: Mr. Robert McCarthy
Phone: 317-475-9066
8. **Metro Treatment of Gary, LP,**
d/b/a Semoran Center
Program Director: Ms. Regina Hendley
Phone: 219-938-4651
9. **Northwest Indiana Treatment Center, Inc.**
Program Director: Ms. Mercedes Horace
Phone: 219-938-8733
10. **Porter-Starke Services, Inc**
Program Director: Mr. Carmen Arlt
Phone: 219-476-4643
11. **Premier Care of Indiana**
Program Director: Mr. Kirk Gohsman
Phone: 765-664-0101
12. **Richmond Treatment Center, Inc.**
Program Director: Mr. David Reeves
Phone: 765-962-8843
13. **Southern Indiana Treatment Center, Inc.**
Program Director: Ms. Vicki Friel
Phone: 812-256-4686
14. **Victory Clinical Services II, LLC.**
d/b/a Victory Clinic II
Program Director: Mr. Andres Guljas
Phone: 574-233-1524



⁷ As of December 31st, 2009

II. Number of Patients Receiving Opioid Treatment in Indiana, 2008 and 2009

All Indiana opioid treatment program (OTP) patients are treated with the opioid agonist medication methadone or the partial opioid agonist medication buprenorphine⁸. In both 2008 and 2009, the large majority of patients were treated with methadone, with an increasing percentage treated with buprenorphine. Between 2007 and 2009, the number of patients treated with buprenorphine in Indiana OTPs increased from 40 patients in 2007 to 92 patients in 2008 and to 155 patients in 2009. Although an increase, the percentage of patients treated with buprenorphine in 2009 represents only 1.2% of the total number of OTP patients enrolled that year.

Methadone can be used to treat opioid addiction only in OTPs. Buprenorphine, however, may be prescribed for treatment of opiate addiction by private practicing physicians who have been certified by the same federal agency which certifies the OTPs⁹. Although the number of practices certified to utilize buprenorphine to treat opiate addiction remained constant at 55 between September, 2008, and July, 2010, during this same period, 31 more Indiana physicians received certification, raising the number from 131 to 162. In this report, there is no distinction made between patients treated with methadone and patients treated with buprenorphine in Indiana OTPs.

Table 1 shows that between 2007 and 2008, enrollments¹⁰ increased in Indiana opioid addiction treatment programs by 1,174 patients, or ten percent, from 11,724¹¹ patients to 12,898, and between 2008 and 2009, enrollments increased by only 587 patients, or 4.6%, from 12,898 to 13,485. Although the total number treated in 2009 is the largest number treated in Indiana OTPs in a calendar year since the baseline year of 1998, the year for which data were first reported, it represents the lowest percentage increase from one year to the next during this 12-year period. It can still be said that between 1998¹² and 2009, enrollments in Indiana OTPs have more than tripled, from 3,646 to 13,485.

⁸ Both methadone and buprenorphine are approved by the federal Food and Drug Administration to treat opioid addiction in OTPs. During 2008, buprenorphine was utilized with OTP patients in six Indiana OTPs, an increase of five OTPs over 2007; during 2009, buprenorphine was utilized in seven Indiana OTPs.

⁹ Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) Division of Pharmacological Therapies (DPT).

¹⁰ Patient enrollments equal number of patients treated during the calendar year. Enrollments are calculated annually for the previous calendar year on December 31, and patients may have been in treatment for anywhere between one and 365 days during the year. Enrollments do not include out-of-state patients provided transient services at Indiana OTPs (called guests), which numbered 125 in 2008 and 123 in 2009.

¹¹ Enrollment data reported in 2007 varied slightly from previous reports due to the structure of the original database. To resolve this problem, in early 2009, a 'data freeze' was instituted, affecting 2008 data forward.

¹² The first Indiana Opioid Treatment Program Report pertained to 1998 OTP activity.

Table 1

Indiana OTP Number Patients Treated, 1998 - 2009

Calendar Year	Total # Patients	Increase of patients compared to previous year	
		#	%
1998	3646	Baseline	Baseline
1999	4525	879	24.11 %
2000	5483	958	21.17 %
2001	6809	1326	24.18 %
2002	8129	1320	19.39 %
2003	8684	555	6.83 %
2004	9295	611	7.04 %
2005	9873	578	6.22 %
2006	10689	816	8.26 %
2007	11724	1035	9.68 %
2008	12898	1174	10.01 %
2009	13485	587	4.55 %

Table 2, below, shows the number of enrollments in each of the 13 OTPs operating in Indiana in 2008, and **Table 3** shows the number of enrollments in each of the 14 OTPs operating in Indiana in 2009. An enrollment represents an individual patient, and a patient may have been treated in the program anywhere between one day and 365 days during the year. The continued increase in enrollments in 2009 is largely attributed to the addition of two new Indiana OTPs between 2007 and 2009 and the transfer of ownership of another. Premier Care Marion in Grant County, which opened in June of 2007, more than doubled its enrollments from 2007 to 2008 and experienced a 17.2% increase in 2009. Porter Starke Services Recovery Center served its first patient in February, 2008. Northwest Indiana Treatment Center, which assumed ownership for the former Holliday Health Care¹³ in Gary, initiated services in July, 2009.

The East Indiana Treatment Center in Lawrenceburg treated the most OTP patients again in both 2008 and 2009, serving 25.1% of the total patients treated in Indiana OTPs (3,234 patients) in 2008 and 20.9% of total patients (2,815) in 2009. The Southern Indiana Treatment Center in Charlestown, outside of Jeffersonville, treated the second most patients in 2008 and 2009, 18.5% (2,381) in 2008 and 20.5% (2,766) in 2009. Porter-Starke Services Recovery Center treated the lowest number of patients in 2008 (76, or 0.6% of total patients) and in 2009, Northwest Indiana Treatment Center in Gary served the lowest number of patients (52 or 0.4% of the total).

In 2008, the ten privately owned Indiana OTPs enrolled 93.1% of total Indiana OTP patients, or 12,013 patients, compared to 93.7%, or 11,000 patients, in 2007. In 2009, the 11 privately owned Indiana OTPs enrolled 92.2% of total patients enrolled (12,428), indicating a decrease of 1.5% over the last three years in percentage of patients enrolled in privately owned OTPs. Nevertheless, between 2002 and 2009, the percentage of Indiana OTP patients enrolled in the privately owned Indiana OTPs has increased over ten percent, from 81.9% to 92.2%.

In both 2008 and 2009, CRC Health Group, which owns five Indiana OTPs, continued to experience a decline in percentage of total Indiana OTP patient enrollments which began in 2005¹⁴, following a high of 84.3% of total Indiana OTP patients in 2004. In 2008, CRC Health Group OTPs served 73.7% of total Indiana OTP patients, or 9,504 patients, and in 2009, the CRC Health Group OTPs served 71.4% of total Indiana OTP patients, or 9,633 patients.

¹³ Holliday Health Care had restricted enrollment to only one or two patients at a time for many years.

¹⁴ This decline does not include 2006, which saw a slight increase.

Table 2 **Total Patients Treated by Indiana OTP**
January 1, 2008 - December 31, 2008

	Opioid Treatment Program (OTP)	# of Patients/Enrollments	% of Total
1	Center for Behavioral Health Indiana, Inc.	483	3.74%
2	Discovery House, Inc.	266	2.06%
3	East Indiana Treatment Center, LLC	3,234	25.07%
4	Edgewater Systems for Balanced Living, Inc.	312	2.42%
5	Evansville Treatment Center, LLC	882	6.84%
6	Health and Hosp. Corp. of Marion County, Indiana	497	3.85%
7	Indianapolis Treatment Center, LLC	1,948	15.10%
8	Metro Treatment of Gary, LP	533	4.13%
9	Porter-Starke Services Recovery Center	76	0.59%
10	Premier Care of Indiana	1,019	7.90%
11	Richmond Treatment Center, LLC	1,059	8.21%
12	Southern Indiana Treatment Center, LLC	2,381	18.46%
13	Victory Clinical Services II, LLC	208	1.61%
	Totals	12,898	100.00%

Table 3 **Total Patients Treated by Indiana OTP**
January 1, 2009 - December 31, 2009

	Opioid Treatment Program (OTP)	# of Patients/Enrollments	% of Total
1	Center for Behavioral Health Indiana, Inc.	478	3.54%
2	Discovery House, Inc.	240	1.78%
3	East Indiana Treatment Center, LLC	2,815	20.88%
4	Edgewater Systems for Balanced Living, Inc.	348	2.58%
5	Evansville Treatment Center, LLC	887	6.58%
6	Health and Hosp. Corp. of Marion County, Indiana	542	4.02%
7	Indianapolis Treatment Center, LLC	2,017	14.96%
8	Metro Treatment of Gary, LP	585	4.34%
9	Northwest Indiana Treatment Center, Inc	52	0.39%
10	Porter-Starke Services Recovery Center	167	1.24%
11	Premier Care of Indiana	1,231	9.13%
12	Richmond Treatment Center, LLC	1,148	8.51%
13	Southern Indiana Treatment Center, LLC	2,766	20.51%
14	Victory Clinical Services II, LLC	209	1.55%
	Totals	13,485	100.00%

For a number of years, OTPs operated by community mental health centers have been partially funded by the Federal Substance Abuse Prevention and Treatment (SAPT) block grant, allowing them to subsidize treatment cost for low-income individuals. As part of community mental health centers, these OTPs provide ready access to coordinated mental health care if needed. In 2007, the two OTPs operated by community mental health centers, Midtown Narcotic Treatment Program in Indianapolis and Edgewater New Life Center in Gary, served 6.3% of total Indiana OTP patients. In 2008, with the addition of Porter-Starke Services Recovery Center in Valparaiso in February, these three OTPs served 6.9% of total OTP patients

that year, or 885 patients. In 2009, these three OTPs served 1,057 patients, or 7.8% of total Indiana OTP patients served.

III. Demographics of Patients Treated, 2008 and 2009

Gender: Table 4 provides information on gender distribution of Indiana OTP patients, 1998-2009. In 2008 and 2009, patients continued to be predominantly male, 60.4% in 2008 and 59.0% in 2009. The ratio between male and female OTP patients has remained fairly consistent since 1998, although the difference is narrowing. The slight increases in female OTP patients which have occurred from year to year since a low of 36.8% females in 1999 continued in both 2008 and 2009, from 39.2% female enrollments in 2007 to 39.6% in 2008 and 41% in 2009. Over the 12 years of reporting, the percentage of female patients in Indiana OTPs has increased by 4.2%.

Table 4 Total Indiana OTP Patients Treated by Gender, 1998 - 2009

Calendar Year	Males		Females	
	Total Number	%	Total Number	%
2009	7,952	58.97%	5,533	41.03%
2008	7,786	60.37%	5,112	39.63%
2007	7,123	60.76%	4,601	39.24%
2006	6,517	60.97%	4,172	39.03%
2005	5,977	60.54%	3,896	39.46%
2004	5,678	61.09%	3,617	38.91%
2003	5,314	61.19%	3,370	38.81%
2002	4,987	61.35%	3,142	38.65%
2001	4,202	61.71%	2,607	38.29%
2000	3,386	61.75%	2,097	38.25%
1999	2,860	63.20%	1,665	36.80%
1998	2,302	63.14%	1,344	36.86%

Age: Table 5 provides information on the age distribution of Indiana OTP patients, 1998-2009. Over the past 12 years, a change has occurred in age distribution of Indiana OTP patients, with the 35-49 year-old age group declining as a percentage of the total while the 18-34 year-old age group has increased. Additionally, during this same period, there has been more than a two-fold increase in percentage of patients aged 18-24, although the rate of increase remained fairly constant between 2007 and 2009. The 50-59 year-old age group continued a decline in total percent of patients treated in Indiana OTPs in both 2008 and 2009, from 11.2% in 2007 to 10.5% in 2008 and 9.8% in 2009. Those over age 60 remained a fairly constant percentage over this three-year period, 1.4% in 2007, 1.3% in 2008 and 1.4% in 2009.

Admission of individuals under 18 to OTP treatment is allowed only if the young person has had two documented unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period and if a parent, legal guardian or responsible adult designated by the State Opioid Treatment Authority consents in writing to the treatment, or if the young person is an emancipated minor who has had three documented unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period. The percentage of individuals under the age of 18 treated in Indiana OTPs has consistently been very small, under one percent of the total number of enrolled patients. Since 1998, the number of

young persons' enrolled in Indiana OTPs has fluctuated between one and six patients, and in 2008, Indiana OTPs served the largest number of young people under the age of 18 at enrollment, six individuals.

Table 5 **Total Indiana OTP Patients Treated by Age, 1998 - 2009**

Calendar Year	Under 18		18-24		25-34		35-49		50-59		60 and Over		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
2009	3	0.02%	2,044	15.16%	6,355	47.13%	3,572	26.49%	1,324	9.82%	187	1.39%	13,485	100.00%
2008	6	0.05%	1,940	15.04%	5,808	45.03%	3,623	28.09%	1,360	10.54%	161	1.25%	12,898	100.00%
2007	4	0.03%	1,776	15.15%	4,972	42.41%	3,497	29.83%	1,310	11.17%	165	1.41%	11,724	100.00%
2006	4	0.04%	1,630	15.25%	4,189	39.19%	3,450	32.28%	1,269	11.87%	147	1.38%	10,689	100.00%
2005	3	0.03%	1,374	13.92%	3,574	36.20%	3,558	36.04%	1,240	12.56%	124	1.26%	9,873	100.00%
2004	3	0.03%	1,257	13.52%	3,216	34.60%	3,619	38.93%	1,084	11.66%	116	1.25%	9,295	100.00%
2003	3	0.03%	1,126	12.97%	2,818	32.45%	3,623	41.72%	998	11.49%	116	1.34%	8,684	100.00%
2002	2	0.02%	953	11.72%	2,476	30.46%	3,651	44.91%	929	11.43%	118	1.45%	8,129	100.00%
2001	1	0.01%	748	10.99%	1,874	27.52%	3,355	49.27%	752	11.04%	79	1.16%	6,809	100.00%
2000	5	0.09%	490	8.94%	1,391	25.37%	2,969	54.15%	568	10.36%	60	1.09%	5,483	100.00%
1999	2	0.04%	360	7.96%	1,006	22.23%	2,666	58.92%	436	9.64%	55	1.22%	4,525	100.00%
1998	1	0.03%	238	6.53%	752	20.63%	2,297	63.00%	312	8.56%	46	1.26%	3,646	100.00%

Race/Ethnicity: Table 6 shows Indiana OTP patients treated by race/ethnicity, 1998-2009. Consistent with earlier years, in 2009, the large majority of Indiana OTP patients were white. The percentage of white Indiana OTP patients compared to other racial/ethnic groups increased between 1998 and 2009, from 81.1% to 95.1%, remaining fairly constant between 2007 and 2009 at around 95%.

Conversely, the percentage of African-American patients enrolled in Indiana OTPs decreased once again between 2007 and 2008, from 3.6% to 3.2%, and marginally increased to 3.23% in 2009. Since 1998, the percentage of African-American patients has decreased significantly from 17.5% of the total enrolled patients to the current 3.2%. The percentage of individuals identifying themselves as Hispanic/Latino has remained consistently small and has fluctuated only slightly between 1998 and 2009, at 1.8% in 1999, 1.0% in 2008, and 1.2% in 2009. Neither African-Americans nor Hispanic/Latinos are represented in the Indiana OTP treatment population in proportion to their representation in the population as a whole. Enrollments of all individuals identifying themselves as American Indian/Alaska Native, Asian/Pacific Islander, or other race/ethnicity have remained under a half of one percent, 1998-2009¹⁵.

¹⁵ The racial/ethnic categories are based on federal designations.

Table 6 Total Indiana OTP Patients Treated by Race/Ethnicity, 1998 - 2009

Calendar Year	White		Black African/American		Hispanic/Latino		American Indian/Alaska Native		Asian/Pacific Islander		Other		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
2009	12,826	95.11%	435	3.23%	165	1.22%	22	0.16%	29	0.22%	8	0.06%	13,485	100.00%
2008	12,310	95.44%	412	3.19%	129	1.00%	18	0.14%	21	0.16%	8	0.06%	12,898	100.00%
2007	11,152	95.12%	416	3.55%	124	1.06%	20	0.17%	10	0.09%	2	0.02%	11,724	100.00%
2006	10,073	94.24%	470	4.40%	116	1.09%	20	0.19%	9	0.08%	1	0.01%	10,689	100.00%
2005	9,192	93.10%	533	5.40%	123	1.25%	20	0.20%	5	0.05%	0	0.00%	9,873	100.00%
2004	8,651	93.07%	517	5.56%	102	1.10%	18	0.19%	4	0.04%	3	0.03%	9,295	100.00%
2003	8,004	92.17%	566	6.52%	93	1.07%	14	0.16%	6	0.07%	1	0.01%	8,684	100.00%
2002	7,343	90.33%	671	8.25%	100	1.23%	12	0.15%	2	0.02%	1	0.01%	8,129	100.00%
2001	6,033	88.60%	662	9.72%	94	1.38%	16	0.23%	3	0.04%	1	0.01%	6,809	100.00%
2000	4,711	85.92%	667	12.16%	91	1.66%	10	0.18%	4	0.07%	0	0.00%	5,483	100.00%
1999	3,781	83.56%	649	14.34%	83	1.83%	8	0.18%	4	0.09%	0	0.00%	4,525	100.00%
1998	2,958	81.13%	638	17.50%	40	1.10%	5	0.14%	5	0.14%	0	0.00%	3,646	100.00%

State of Residence: Table 7 provides information on total Indiana OTP patients treated by their state of residence, 1998-2009. Out-of-state patients accounted for 41.7% of total patients in 2008 and 38.6% in 2009, continuing the decreasing trend since 2004, when out-of-state patients accounted for forty-nine percent of total Indiana OTP patients. Individuals from Kentucky continued to represent the majority of total out-of state patients, 24.9% of total patients in 2008 and 23.7% in 2009. Ohio continued to represent the second highest number of out-of-state patients treated in Indiana OTPs, 15.3% of total patients in 2008 and 13.3% in 2009. Accessibility to treatment in their home State provides at least a partial explanation for patients coming to Indiana from Kentucky and Ohio, as southern Indiana OTPs near the State lines are considerably closer to many Kentucky and Ohio residents than OTPs in their home States. During 2008 and 2009, patients from Michigan, Illinois, West Virginia, Tennessee, and other states¹⁶ represented less than one percent each of the total number of Indiana OTP patients, continuing the trend begun in 1998.

¹⁶ Designates States at further distances than the six listed States.

**Total Indiana OTP Patients Treated by State of Residence,
Numbers and Percentages, 1998 - 2009**

Table 7

Calendar Year	IN		KY		OH		MI		IL		WV		TN		Other		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
2009	8,287	61.45	3,190	23.66	1,794	13.30	49	0.36	93	0.69	1	0.01	3	0.02	11	0.08	13,485	100.00
2008	7,525	58.34	3,208	24.87	1,976	15.32	50	0.39	119	0.92	1	0.01	4	0.03	15	0.12	12,898	100.00
2007	6,453	55.04	3,176	27.09	1,948	16.62	37	0.32	83	0.71	2	0.02	3	0.03	22	0.19	11,724	100.00
2006	5,600	52.39	3,051	28.54	1,910	17.87	44	0.41	67	0.63	4	0.04	0	0.00	13	0.12	10,689	100.00
2005	5,123	51.89	2,703	27.38	1,900	19.24	51	0.52	68	0.69	3	0.03	4	0.04	21	0.21	9,873	100.00
2004	4,743	51.03	2,542	27.35	1,890	20.33	52	0.56	52	0.56	4	0.04	5	0.05	7	0.08	9,295	100.00
2003	4,716	54.31	2,156	24.83	1,718	19.78	52	0.60	29	0.33	3	0.03	4	0.05	6	0.07	8,684	100.00
2002	4,421	54.39	1,941	23.88	1,666	20.49	54	0.66	24	0.30	7	0.09	2	0.02	14	0.17	8,129	100.00
2001	3,742	54.96	1,642	24.12	1,322	19.42	49	0.72	29	0.43	11	0.16	1	0.01	13	0.19	6,809	100.00
2000	3,127	57.03	1,323	24.13	945	17.24	37	0.67	27	0.49	10	0.18	4	0.07	10	0.18	5,483	100.00
1999	2,746	60.69	1,026	22.67	674	14.90	32	0.71	26	0.57	12	0.27	2	0.04	7	0.15	4,525	100.00
1998	2,290	62.81	758	20.79	525	14.40	27	0.74	30	0.82	11	0.30	1	0.03	4	0.11	3,646	100.00

Table 8 displays the number and percentage of out-of-state patients categorized by Indiana OTPs in 2008, and **Table 9** displays the same data for 2009. As shown in Table 7, the overall ratio of out-of-state patients to Indiana residents treated in Indiana OTPs has decreased since 2004. From their establishment near Indiana State lines adjacent to Kentucky, Ohio and Illinois, four OTPs currently owned by CRC Health Group, Richmond Treatment Center, East Indiana Treatment Center (Lawrenceburg), Southern Indiana Treatment Center (Charlestown) and Evansville Treatment Center, have treated the greatest numbers of out-of-State patients¹⁷. This recent decrease in out-of-State patients has been consistent among three of the CRC OTPs, with the exception of Richmond Treatment Center, which has seen an increase in out-of-State patients between 2007 and 2009, from 25.3% to 29.6% of total patients treated. It is understood that a change in access to treatment at a Dayton, Ohio, OTP at least partially explains the influx of Ohio patients to the Richmond, Indiana, OTP. Regarding the decreases in out-of-State patients, between 2007 and 2009, the percentage of out-of-State to Indiana patients treated by the East Indiana Treatment Center decreased from 89.3% to 87.6%, of total patients treated, and those treated by the Southern Indiana Treatment Center decreased from 66.8% to 63%. Likewise, the Evansville Treatment Center, in southern Indiana near the Illinois State line, experienced a decrease from 53.2% to 50.3% of total patients treated.

In 2008, two other for-profit Indiana OTPs, the Center for Behavioral Health in Fort Wayne and Victory Clinical Services II in South Bend, also served a significant number of out-of-State patients, at 87 and 44 respectively. In 2009, these two OTPs served 89 and 47 out-of-State patients, respectively. In both 2008 and 2009, neither Edgewater New Life Center nor Midtown Narcotic Treatment Program served any out-of-State patients, and in 2009, this was true of Edgewater, Porter-Starke Recovery Center and Northwest Indiana Treatment Center. Lastly, in both 2008 and 2009, the remainder of the OTPs served between two and fifteen patients whose residences were outside the State of Indiana.

¹⁷ CRC Health Group served 9,504 patients in 2008 and 9,633 patients in 2009, representing 73.7% of total Indiana OTP patients enrolled in 2008 and 71.4% in 2009.

Table 8

**Total Indiana OTP Patients Treated by State of Residence and OTP
January 1, 2008 - December 31, 2008**

OTP	IL	KY	MI	OH	Tenn	W.V.	Other	Out-of-State	IN	Number of Patients	Percentage Out-of-State Patients for each OTP
Center for Behavioral Health Indiana, Inc.	0	0	2	84	0	0	1	87	396	483	18.01%
Discovery House, Inc.	14	0	0	0	0	0	1	15	251	266	5.64%
East Indiana Treatment Center, LLC	0	1,280	0	1,593	2	0	4	2,879	355	3,234	89.02%
Edgewater Systems for Balanced Living, Inc.	0	0	0	0	0	0	0	0	312	312	0.00%
Evansville Treatment Center, LLC	97	382	0	1	1	0	2	483	399	882	54.76%
Health and Hosp. Corp. of Marion County, Indiana	0	0	0	0	0	0	0	0	497	497	0.00%
Indianapolis Treatment Center, LLC	4	2	2	1	0	0	3	12	1,936	1,948	0.62%
Metro Treatment of Gary, LP	4	1	2	0	0	0	0	7	526	533	1.31%
Richmond Treatment Center, LLC	0	1	1	290	0	0	0	292	767	1,059	27.57%
Southern Indiana Treatment Center, LLC	0	1,541	0	3	0	1	2	1,547	834	2,381	64.97%
Victory Clinical Services II, LLC	0	0	43	0	1	0	0	44	164	208	21.15%
Premier Care of Indiana	0	1	0	4	0	0	2	7	1,012	1,019	0.69%
Porter-Starke Services Recovery Center	0	0	0	0	0	0	0	0	76	76	0.00%
Totals	119	3,208	50	1,976	4	1	15	5,373	7,525	12,898	41.66%
% of Total Patients	0.92	24.87	0.39	15.32	0.03	0.01	0.12	41.66	58.34	100.00	
% of Out of State Patients	2.21	59.71	0.93	36.78	0.07	0.02	0.28	100.00	NA	NA	

Table 9

**Total Indiana OTP Patients Treated by State of Residence and OTP
January 1, 2009 - December 31, 2009**

OTP	IL	KY	MI	OH	Tenn	W.V.	Other	Out-of-State	IN	Number of Patients	Percentage Out-of-State Patients for each OTP
Center for Behavioral Health Indiana, Inc.	0	0	2	87	0	0	0	89	387	476	18.70%
Discovery House, Inc.	10	0	0	0	0	0	0	10	229	239	4.18%
East Indiana Treatment Center, LLC	0	1,084	0	1,360	1	0	0	2,445	345	2,790	87.63%
Edgewater Systems for Balanced Living, Inc.	0	0	0	0	0	0	0	0	348	348	0.00%
Evansville Treatment Center, LLC	75	367	0	1	1	0	1	445	439	884	50.34%
Health and Hosp. Corp. of Marion County, Indiana	0	0	0	0	0	0	2	2	527	529	0.38%
Indianapolis Treatment Center, LLC	5	1	0	1	0	0	2	9	2,008	2,017	0.45%
Metro Treatment of Gary, LP	2	0	1	2	0	0	0	5	574	579	0.86%
Richmond Treatment Center, LLC	0	3	1	333	0	0	2	339	808	1,147	29.56%
Southern Indiana Treatment Center, LLC	0	1,735	0	5	1	1	1	1,743	1,023	2,766	63.02%
Victory Clinical Services II, LLC	1	0	45	1	0	0	0	47	161	208	22.60%
Premier Care of Indiana	0	0	0	4	0	0	3	7	1,223	1,230	0.57%
Porter-Starke Services Recovery Center	0	0	0	0	0	0	0	0	167	167	0.00%
Northwest Indiana Treatment Center, Inc	0	0	0	0	0	0	0	0	48	48	0.00%
Totals	93	3,190	49	1,794	3	1	11	5,141	8,287	13,428	38.29%
% of Total Patients	0.69	23.76	0.36	13.36	0.02	0.01	0.08	38.29	61.71	100.00	
% of Out of State Patients	1.81	62.05	0.95	34.90	0.06	0.02	0.21	100.00	NA	NA	

IV. Length of Opioid Treatment, including Average Length of Treatment, 2008 and 2009

It is important to look at data separately for patients who remained in treatment during and through the last day of 2008 and during and through the last day of 2009 and patients who left treatment during CY 2008 and CY 2009. This distinction is important because the length of treatment is not known for those who remained in treatment while it is known for those who left treatment. Patients are discharged for various reasons, including a determination that the patient is no longer in need of treatment after successful completion of program goals. Information on these patients will be provided in Section VI.

For all analyses, six length-of-time-in-treatment categories were used: Less than 90 days (<90); 90 days to one year (90-1y); one year to two years (1-2y); two to six years (2-6y); six to ten years (6-10y); and over ten years (>10y).

Patients Remaining in Treatment through the End of the Year. Table 10 shows length of treatment in the six categories for patients remaining in treatment through December 31, 2008, and through December 31, 2009. Length of patient treatment in all categories is as of either December 31, 2008, or December 31, 2009, and does not consider how long patients currently in treatment will remain in treatment, since it is not possible to predict.

As can be seen, 8,023 patients, or 62.2% of total patients, enrolled during 2008 remained enrolled in the program through the last day of the year. Of this number:

- 1,038 (12.9%) had been in treatment less than 90 days
- 2,138 (26.6%) had been treatment 90 days to 1 year
- 1,572 (19.6%) had been in treatment 1-2 years
- 2,180 (27.2%) had been in treatment 2-6 years
- 750 (9.3%) had been in treatment 6-10 years
- 345 (4.3%) had been in treatment more than 10 years

In 2009, 63.9% of patients (8,605 patients) remained in the program through the last day of the year. Of this number:

- 1,057 (12.3%) had been in treatment less than 90 days
- 2,455 (28.5%) had been in treatment 90 days to 1 year
- 1,604 (18.6%) had been in treatment 1-2 years
- 2,317 (26.9%) had been in treatment 2-6 years
- 798 (9.3%) had been in treatment 6-10 years
- 374 (4.3%) had been in treatment more than 10 years

Table 10 Length-of-Treatment for Patients Remaining in Treatment through December 31, 2008, and December 31, 2009

	Total Enrollments	Total Patients Remaining in Treatment as of December 31		<90		90-1y		1-2y		2-6y		6-10y		>10y	
	#	#	% of total enrollments	#	% of total remaining	#	% of total remaining	#	% of total remaining	#	% of total remaining	#	% of total remaining	#	% of total remaining
2008	12,898	8,023	62.2%	1,038	12.9%	2,138	26.6%	1,572	19.6%	2,180	27.2%	750	9.3%	345	4.3%
2009	13,471 ¹	8,605	63.9%	1,057	12.3%	2,455	28.5%	1,604	18.6%	2,317	26.9%	798	9.3%	374	4.3%

¹ This number slightly varies from the number reported earlier in the report due to deletions of multiples prior to the data freeze.

Patients Who Left Treatment (Were Discharged) during the Year. Table 11 shows the length of treatment in six categories for patients discharged in 2008 and 2009. All discharged patients, by definition, discontinue medication either after a detoxification protocol if by mutual patient/physician agreement or without detoxification if the patient drops out of treatment. Patients are discharged for various reasons, including accomplishing treatment goals and completion of the program; administrative discharge¹⁸; drop-out without notice; and transfer to another OTP.

¹⁸ Administrative discharge may result from noncompliance with program rules, non-attendance, non-payment of fees, etc., and includes detoxification if patient remains in the program to accomplish this.

In 2008, 37.8% of patients enrolled (4,875 patients) were discharged at some time during the year. Of this number:

- 1,446 (29.7%) had been in treatment less than 90 days
- 1,552 (31.8%) had been in treatment 90 days to 1 year
- 788 (16.2%) had been in treatment between 1-2 years
- 819 (16.8%) had been in treatment 2-6 years
- 202 (4.1%) had been in treatment 6-10 years
- 68 (1.4%) had been in treatment more than 10 years

In 2009, the total numbers and percentages of patients discharged were 4,866, or 36.1% of the total enrolled patients. Of this number:

- 1,439 (29.6%) had been in treatment less than 90 days
- 1,610 (33.1%) had been in treatment 90 days to 1 year
- 787 (16.2%) had been in treatment 1-2 years
- 752 (15.5%) had been in treatment 2-6 years
- 210 (4.3%) had been in treatment 6-10 years
- 68 (1.4%) had been in treatment more than 10 years

Table 11 Length-of-Treatment for Patients Discharged in Calendar Years 2008 and 2009

	Total Enrollment s	Total Discharged		<90		90-1y		1-2y		2-6y		6-10y		>10y	
	#	#	% of total enrollments	#	% of total discharged	#	% of total discharged	#	% of total discharged	#	% of total discharged	#	% of total discharged	#	% of total discharged
2008	12,898	4,875	37.8%	1,446	29.7%	1,552	31.8%	788	16.2%	819	16.8%	202	4.1%	68	1.4%
2009	13,471 ¹	4,866	36.1%	1,439	29.6%	1,610	33.1%	787	16.2%	752	15.5%	210	4.3%	68	1.4%
2008-2009 Combined	26,369	9,741	36.9%	2,885	29.6%	3,162	32.5%	1,575	16.2%	1,571	16.1%	412	4.2%	136	1.4%

¹ This number varies from the number reported earlier in the report due to deletions of multiples prior to the data freeze.

Average Length of Treatment. This section is designed to answer questions on the average length of time patients receive opioid treatment in Indiana OTPs. To arrive at a reasonable picture of length of treatment of Indiana OTP patients, it was determined that some limitation of data presented was necessary. Analysis of length of time patients receive opioid treatment has therefore been limited to only those patients who received treatment services during 2008 and/or 2009 and only those patients who terminated treatment during this period. Combining the data presented in **Table 11** for 2008 and 2009, 78.3% of all patients treated and subsequently discharged had remained in treatment for less than two years, and 62.1% of all patients discharged were in treatment less than one year.

Although some patients benefit from short-term opioid addiction treatment, the majority of OTP patients have a longer-term abuse history than those presenting for treatment in abstinence-only programs. The consensus panel convened by the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment to develop a Treatment Improvement Protocol, “Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs” (2010), recommended that patients stay in continuous treatment for two years before tapering to a lower dose or tapering entirely off of methadone. The panel went on to say that after tapering, “ongoing treatment, although less intense, often is necessary because the chronic nature of opioid addiction can mean continuous potential for relapse to opioid abuse for some patients”¹⁹. One benefit of long-term treatment is the reduced rate of criminal activity. For example, Oliver, et al. (2010), finds that the number of convictions for heroin users who enter methadone maintenance treatment is reduced by “10% for each six months retained in treatment”²⁰.

V. The Cost of Opioid Treatment in Indiana, including Average Cost, 2008 and 2009

All Indiana opioid addiction treatment patients are charged for their treatment. OTP patient fees include medication, counseling, education, drug testing, and other services, including referrals to services not provided by the OTP, and patients are charged based on their choice of medication. **Table 12** and **Table 13** show the charges for treatment with buprenorphine and with methadone in each Indiana OTP in 2008 and 2009. In 2008, the weekly program fees for liquid methadone were \$56, \$60, and \$84 per week, respectively, at the three publicly-funded OTPs, Edgewater Systems for Balanced Living New Life Center in Gary, Midtown Narcotic Treatment Program in Indianapolis, and Porter-Starke Services Recovery Center in Valparaiso. In 2009, these fees were the same except for Midtown, which increased its fee to \$65 per week.

In 2008 and 2009, the program fee at privately operated OTPs ranged between \$65 and \$91 per week for liquid methadone. The fee for diskette methadone, which was used in 2008 by seven OTPs and in 2009 by five Indiana OTPs for patients who had problems metabolizing liquid methadone, was reported between \$78 and \$98 per week in 2008 and between \$70 and \$98 per week in 2009. The fee for buprenorphine, which was used by eight OTPs in 2008 and ten OTPs in 2009, was reported as between \$129.50 and \$175 per week in 2008 and in 2009 as between \$70 and \$175 per week, depending on dosage. Based on an average of the fees identified above, the following are the 2008 estimated out-of-pocket expenses per patient per year for a full 12 months of treatment:

¹⁹ Center for Substance Abuse Treatment (2008). *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs* (Treatment Improvement Protocol (TIP) Series 43, DHHS Publication No. (SMA) 08-4214). Rockville, MD: Substance Abuse and Mental Health Services Administration.

²⁰ Oliver, P., Keen, J., Rowse, G., Ewins, E., Griffiths, L., & Mathers, N. (2010). *The Effect of Time Spent in Treatment and Dropout Status on Rates of Convictions, Cautions and Imprisonment over 5 Years in a Primary Care-Led Methadone Maintenance Service*. *Addiction*, 105, 732-739.

- For liquid methadone at a not-for-profit OTP: \$3,467
- For liquid methadone at a private for-profit CRC OTP: \$4,732
- For liquid methadone at other private for-profit OTPs: \$3,900
- For diskette medication: \$4,829
- For buprenorphine: \$6,640

The estimated out-of-pocket expenses per patient per year for a full 12 months of treatment in 2009 are as follows:

- For liquid methadone at a not-for-profit OTP: \$3,553
- For liquid methadone at a private for-profit CRC OTP: \$4,732
- For liquid methadone at another private for-profit OTP: \$3,857
- For diskette medication: \$4,560
- For buprenorphine: \$6,217

Table 12 **Cost of Opioid Addiction Treatment in Indiana OTPs, 2008**

OTP Group	OTP	# Patients	Weekly charge for buprenorphine	Weekly charge for methadone	Weekly charge for diskette of methadone
Publicly-funded OTPs	Edgewater Systems for Balanced Living, Inc.	312	N/A	\$56.00	N/A
	Health and Hosp. Corp. of Marion County, Indiana	497	N/A	\$60.00	N/A
	Porter-Starke Services Recovery Center	76	N/A	\$84.00	N/A
CRC OTPs	East Indiana Treatment Center, LLC	3234	\$129.50	\$91.00	\$98.00
	Evansville Treatment Center, LLC	882	\$129.50	\$91.00	\$98.00
	Indianapolis Treatment Center, LLC	1948	\$129.50	\$91.00	\$98.00
	Richmond Treatment Center, LLC	1059	\$129.50	\$91.00	\$98.00
	Southern Indiana Treatment Center, LLC	2381	\$129.50	\$91.00	\$98.00
Other Private for-Profit OTPs	Center for Behavioral Health Indiana, Inc.	483	\$49.00	\$82.00	\$82.00
	Discovery House, Inc.	266	N/A	\$65.00	N/A
	Metro Treatment of Gary, LP	533	\$175.00	\$70.00	N/A
	Premier Care of Indiana	1019	N/A	\$78.00	\$78.00
	Victory Clinical Services II, LLC	208	\$150.00	\$80.00	N/A
Total for All OTPs		12898			

Table 13

Cost of Opioid Addiction Treatment in Indiana OTPs, 2009

OTP Group	OTP	# Patients	Weekly charge for buprenorphine	Weekly charge for liquid methadone	Weekly charge for diskette of methadone
Publicly-funded OTPs	Edgewater Systems for Balanced Living, Inc.	348	N/A	\$56.00	N/A
	Health and Hosp. Corp. of Marion County, Indiana	542	\$160.00	\$65.00	N/A
	Porter-Starke Services Recovery Center	167	N/A	\$84.00	N/A
CRC OTPs	East Indiana Treatment Center, LLC	2815	\$105.00	\$91.00	\$94.50
	Evansville Treatment Center, LLC	887	\$129.50	\$91.00	N/A
	Indianapolis Treatment Center, LLC	2017	\$129.50	\$91.00	\$98.00
	Richmond Treatment Center, LLC	1148	\$129.50	\$91.00	\$98.00
	Southern Indiana Treatment Center, LLC	2766	\$91.00	\$91.00	N/A
Other Private for-Profit OTPs	Center for Behavioral Health Indiana, Inc.	478	\$56.00	\$82.00	N/A
	Discovery House, Inc.	240	N/A	\$65.00	N/A
	Metro Treatment of Gary, LP	585	\$175.00	\$70.00	N/A
	Northwest Indiana Treatment Center, Inc. ¹	52	\$70.00	\$70.00	\$70.00
	Premier Care of Indiana	1231	N/A	\$78.00	\$78.00
	Victory Clinical Services II, LLC	209	\$150.00	\$80.00	N/A
Total for All OTPs		13485			

¹ Northwest Indiana Treatment Center, Inc., started service in July, 2009.

Two publicly funded OTPs, Edgewater Systems for Balanced Living, Inc. and Health and Hospital Corp. of Marion County, were partially funded by the Federal Substance Abuse Prevention and Treatment (SAPT) block grant in order to subsidize the cost of methadone or buprenorphine treatment for individuals with low-incomes. In both SFY 2008 and SFY 2009, these OTPs received \$391,500 and \$423,000, respectively. In SFY 2009, Porter- Starke Services Recovery Center was added to the roster of partially-funded OTPs and received \$90,000 to subsidize costs to patients. In both years, another Federal program, Access to Recovery (ATR), also subsidized the cost of opioid treatment in Indiana OTPs. In SFY 2008, three OTPs, Edgewater Systems for Balanced Living, Inc., Center for Behavioral health Indiana, Inc., and Discovery House, Inc., received a total of \$44,484 from ATR. In SFY 2009, the three OTPs and Metro Treatment of Gary, LP, received a total of \$366,461 to assist patients in paying for treatment.

VI. Number of Patients Determined to No Longer Need Opioid Treatment and Who Are No Longer Receiving Treatment, 2008 and 2009

In this report, patients determined to no longer need opioid treatment are defined as patients who have completed treatment and gone through a reduction in treatment medication culminating in its elimination. In addition to elimination of medication, completion of treatment involves achievement of individualized treatment plan goals. Elimination of medication involves a gradual reduction in medication dosage, called tapering, which prevents uncomfortable withdrawal symptoms. As stated in a previous section, because addiction is a chronic condition, not all patients benefit from elimination of treatment medication, and long-term use of opioid treatment medication is part of successful treatment for many patients.

Table 14**Number and Percentage of Patients Who Completed Treatment, 2008 and 2009**

		#	%
Year	2008	281	2.2
	2009	256	1.9

Although in 2008 and 2009, the percentages of patients completing treatment and no longer receiving opioid treatment medication are small (2.2% of all patients enrolled in 2008 and 1.9% in 2009, as shown in **Table 14**), discontinuation of treatment is not a goal for all patients at any particular point in treatment. Opioid addiction treatment in OTPs is individualized, and the typical patient presents with various issues in addition to the addiction and benefits from long-term therapeutic interaction. During treatment, the physician and other clinical staff regularly evaluate the patient's response to the treatment medication, seeking the dose which is most effective in preventing withdrawal while supporting normal functioning. When patients are considered stable on their medication and are making strides toward addressing their life issues, clinical evaluations include discussion of lowering the dose of medication with the intention of discontinuing the medication entirely as appropriate. Once stability has been achieved, the decision to lower the dose is a joint one between the physician and the patient. While the numbers of patients "determined to no longer be in need of opioid treatment and are no longer receiving treatment" are small, literature concerning the evidence-based nature of treatment utilizing methadone and buprenorphine indicates that due to the chronic nature of the addiction, it is not unusual for patients to require long-term treatment²¹.

VII. Recovery of Patients Receiving Opioid Treatment, 2008 and 2009

Patients in opioid addiction treatment have a variety of issues upon enrollment. Patients in early treatment need a great deal of support from the treatment provider. These patients attend the clinic in decreasing frequency based on time in treatment, abstention from use of illicit drugs, and meeting other treatment plan goals. For example, after the first five days of treatment and up to ninety days, patients are required to attend the clinic five days a week²². Patients who have continued treatment longer than two years and have achieved treatment milestones attend the clinic monthly. Unsupervised medication privileges are also based on patients' time in treatment and additionally on progressively meeting the following criteria:

- Providing assurance that medication can be stored safely in the home
- Abstinence from illicit drugs
- Clinic attendance as required
- Appropriate behavior at the clinic at all times
- No criminal activity
- Maintenance of stable living situation and social relationships

²¹ Center for Substance Abuse Treatment. (2008). *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs* (Treatment Improvement Protocol (TIP) Series 43, DHHS Publication No. (SMA) 08-4214). Rockville, MD: Substance Abuse and Mental Health Services Administration.

²² Requirements became somewhat more restrictive in 2010 when 440 IAC 10-4 went into effect.

Based on these criteria, DMHA, with its strong emphasis on recovery, is measuring OTP patients' progress toward recovery using the following recovery indicators collected in the ICOPE central registry²³:

- (1) Reduction or elimination of prescription opiate use
- (2) Reduction or elimination of heroin use
- (3) Reduction or elimination of the use of other illicit drugs
- (4) Reduction or elimination of criminal behavior
- (5) Reduction or elimination of risky behavior related to the spread of infectious disease
- (6) Reduction or elimination of alcohol abuse
- (7) Improvement of schooling or training
- (8) Improvement of employment
- (9) Improvement of family relationships

Table 15 displays the percentages of Indiana OTP patients who showed improvement in the nine recovery indicator categories in 2008 and 2009. Categories 1-6 are risky behaviors in need of discontinuation, and Categories 7-9 are healthy behaviors in need of improvement. Since all indicators do not apply to all patients, some patients are not evaluated on some indicators. Based on these criteria, DMHA, with its strong emphasis on recovery, is measuring OTP patients' progress toward recovery using nine recovery indicators. Since the data do not distinguish between patients who successfully completed the program, those still in treatment, and patients who dropped out or were discharged for impermissible behavior, the outcome data are imprecise as a reflection of the recovery of patients who benefit from treatment.

Based only on those patients to whom each indicator applies, in 2008, between 38.2% and 79.1% of patients showed improvement on the nine indicators, with the most improvement in family relationships and the least in schooling or training. In 2009, between 45.1% and 74.4% of patients showed improvement on the nine indicators, with the most improvement in reduction or elimination of heroin use and the least in schooling or training.

Table 15 Percentage of Patients Showing Improvement on Nine Recovery Indicator Categories, 2008 and 2009

		Recovery Indicators ¹								
		1. Reduced or eliminated prescription opiate use	2. Reduced or eliminated heroin use	3. Reduced or eliminated the use of other illicit drugs	4. Reduced or eliminated criminal behavior	5. Reduced or eliminated risky behavior related to the spread of infectious disease	6. Reduced or eliminated alcohol abuse	7. Improved schooling or training	8. Improved employment	9. Improved family relationships
Year	2008	68.7	76.9	74.1	74.3	75.6	66.2	38.2	63.4	79.1
	2009	67.1	74.4	69.1	71.5	74.0	64.8	45.1	56.9	74.3

¹ In Table 13 of the 2007 report, reduction or improvement was shown as "No Change," "Little Change," "Moderate Change," and "Significant Change," and for this report, the three change categories have been combined.

VIII. Number of Patients Testing Positive for Illicit or Controlled Substances, 2008 and 2009

Federal regulations in 42 CFR Part 8 requires OTPs to administer eight random drug screens each year for each patient treated in an OTP. IC 12-23-18-2.5 requires that OTPs periodically and randomly test patients for the following during treatment:

²³ See Section X. for more information on the central registry.

- (1) Methadone
- (2) Cocaine
- (3) Opiates
- (4) Amphetamines
- (5) Barbiturates
- (6) Tetrahydrocannabinol
- (7) Benzodiazepines
- (8) Any other suspected or known drug that may have been abused by the patient.

Upon enactment of IC 12-23-18-2.5 in July, 2008, DMHA began collection of data from the OTPs representing the number of patients who tested positive for a controlled substance or illegal drug not allowed under Indiana code based on the list in the previous paragraph. Based on the submitted reports, during the second six months of 2008, 372 Indiana OTP patients (2.9% of patients enrolled) test positive for an illicit drug or controlled substance and during the complete 2009 calendar year, 659 patients (4.9% of patients enrolled) tested positive for a controlled substance or illegal drug not allowed under Indiana code. During the course of their treatment, patients testing positive are subjected to consequences including restrictions of unsupervised medication and ultimately discharge from the program for noncompliance.

IX. Number of Individuals on Waiting List to Receive Treatment, 2008 and 2009

Throughout the 12 years of OTP reporting and in both 2008 and 2009, none of the Indiana opioid treatment programs reported to DMHA that they utilized a waiting list. It is understood that during 2008 and 2009, OTPs continued to adjust staff and programming if increased patient demand occurred. Between 2007 and 2009, a 15% increase was seen in total patient enrollments, and this increase was accommodated.

X. Indiana Central Opioid Patient Electronic Registry (ICOPE)

In 1999, the Indiana State Legislature enacted a statute requiring DMHA to prepare annual reports for the Governor and the Legislative Council providing information on treatment by Indiana OTPs. The same law required DMHA to establish a central registry which would be used to collect information on Indiana OTPs and de-identified information on the patients served in Indiana OTPs. In addition to collecting information on OTPs and the patients they serve, the central registry also would establish an improved ability to prevent patients from being enrolled in more than one OTP simultaneously.

To collect patient and OTP information for the first report, which was based on CY1998 data, DMHA established a unique identifier format suitable for establishing the basis of a central patient registry, and all data would be based on calendar year information. This format preserved patient confidentiality, provided a format compatible with existing data collection at the two public OTPs, and allowed OTP staff to be made immediately aware if a patient seeking admission was currently enrolled in another Indiana OTP. For the 1998 report, OTPs submitted paper reports, and the process was modified during the early 2000s to allow submission of data on electronic diskettes and to be converted into an ACCESS database. Through 2006, all 12 Indiana OTPs submitted their data by diskette to DMHA at the end of each calendar year. In 2006, DMHA completed development of an electronic central registry called the Indiana Central Opioid Patient Electronic Registry, or ICOPE. Although OTPs submitted their 2006 data by diskette, in late 2007, phased-in ICOPE implementation resulted in the availability of 2007 data through the web-based ICOPE, and it is ICOPE data on which 2006, 2007 and the current report are based. It is anticipated that in order to improve patient outcome data reporting, as resources allow, modifications will be made to the electronic ICOPE application.